Case 24-19133-ABA Doc 11 Filed 10/07/24 Entered 10/07/24 15:59:37 Desc Main

| Pebtor 1 Gerald First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name |
|--|
| Debtor 2 (Spouse, if filing) First Name Middle Name Last Name First Name Middle Name Last Name |
| Debtor 2 (Spouse, if filing) First Name Middle Name Last Name |
| (Spouse, if filing) First Name Middle Name Last Name |
| The Hallo |
| The state of the s |
| United States Bankruptcy Court for the: District of New Jersey |
| Case number 24-19133 |
| |

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| addi | ional | pages, write your name and case | e number (if known). Answer every question. | | |
|------|-----------|--|--|--|---|
| Pa | rt 1: | Describe Each Residenc | e, Building, Land, or Other Real Estate | You Own or Have an | Interest In |
| | Do y 1.1 | Describe Each Residence You own or have any legal or equitable No. Go to Part 2. Yes. Where is the property? 69 Dawson Dr Street address, if available, or other description Bridgeton, NJ 08302 City State ZIP Code Cumberland County | , , , | Do not deduct secured of the amount of any secure Creditors Who Have Clare Current value of the entire property? \$199,500.00 Describe the nature of y (such as fee simple, tental if estate), if known. Homestead Check if this is command (see instructions) m, such as local | aims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$199,500.00 our ownership interest ancy by the entireties, or |
| Pa | rt 2: | Describe Your Vehicles | | | |
| you | own th | at someone else drives. If you lease a | nterest in any vehicles, whether they are registered rehicle, also report it on Schedule G: Executory Contra | | es |
| 3. | | ars, vans, trucks, tractors, sport utility | y vehicles, motorcycles | | |
| | | No . | | | |
| | | Yes | | | |

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| | 3.1 | Make: | Chrysler | Who has an interest in the property? Ch ✓ Debtor 1 only | heck one. | | d claims or exemptions. Put cured claims on <i>Schedule D:</i> | | |
|------|-----------------------------|-------------------------|--------------------|--|---------------|---------------------------------------|--|--|--|
| | | Model: | 300C | ✓ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (sinstructions) | | Creditors Who Have Clair | | | |
| | | Year: | 2011 | _ , | er | Current value of the entire property? | Current value of the portion you own? | | |
| | | Approximate mileage: | | | (see | \$3,500.00 | \$3,500.00 | | |
| | | Other information: | | , | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 4. | | | | nd other recreational vehicles, other vehi | | | | | |
| | <i>Exam</i> _l No | | tors, personal v | vatercraft, fishing vessels, snowmobiles, mo | otorcycle acc | cessories | | | |
| | _ | | | | | | | | |
| | ☐ Ye | S | | | | | | | |
| _ | | | | | _ | | | | |
| 5. | | | - | n for all of your entries from Part 2, inclumber here | | | \$3,500.00 | | |
| | | | | | | | | | |
| Pa | rt 3: | Describe Your | Personal a | and Household Items | | | | | |
| Do y | ou own | or have any legal or e | equitable inter | est in any of the following items? | | | Current value of the | | |
| | | | | | | | portion you own? Do not deduct secured claims or exemptions. | | |
| 6. | House | ehold goods and furnis | shings | | | | | | |
| | Exam | oles: Major appliances, | , furniture, liner | s, china, kitchenware | | | | | |
| | ☐ No |) | | | | | | | |
| | ✓ Ye | s. Describe | | | | | \$200.00 | | |
| | | | | | | | Ψ200.00 | | |
| 7. | Electr | onics | | | | | | | |
| | Exam | | | deo, stereo, and digital equipment; compute cluding cell phones, cameras, media players | | scanners; music | | | |
| | ☐ No |) | | | | | | | |
| | √ Ye | s. Describe | | | | | \$300.00 | | |
| | | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| 8. | Collec | tibles of value | | | | | | | |
| | Exam | | | s, prints, or other artwork; books, pictures, or collections, memorabilia, collectibles | r other art o | bjects; stamp, coin, or | | | |
| | √ No |) | | | | | | | |
| | ☐ Ye | s. Describe | | | | | | | |
| 9. | Eguip | ment for sports and he | obbies | | | | | | |
| | | | ohic, exercise, a | and other hobby equipment; bicycles, pool to instruments | ables, golf c | lubs, skis; canoes and | | | |
| | √ No |) | | | | | | | |
| | | s. Describe | | | | | | | |

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| 10. | Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment | |
|-----|---|---|
| | ✓ No ☐ Yes. Describe | |
| 11. | Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories | |
| | ☐ No | |
| | ✓ Yes. Describe | \$50.00 |
| 12. | Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver | |
| | □ No | |
| | ▼ Yes. Describe | \$100.00 |
| 13. | Non-farm animals Examples: Dogs, cats, birds, horses | |
| | □ No | |
| | Yes. Describe 1 dog | \$0.00 |
| 14. | Any other personal and household items you did not already list, including any health aids you did not list | |
| | ☑ No | |
| | Yes. Give specific information | |
| 15. | Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here | \$650.00 |
| Pa | rt 4: Describe Your Financial Assets | |
| | ou own or have any legal or equitable interest in any of the following? | Current value of the |
| | | portion you own? Do not deduct secured claims or exemptions. |
| 16. | Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition | |
| | ✓ No | |
| | ☐ Yes | |
| 17. | Deposits of money | |
| | Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. | |
| | □ No | |
| | ✓ Yes Institution name: | |
| | 17.1. Checking account: Ocean First Bank | \$1,000.00 |

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| 18. | Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts |
|-----|---|
| | ☑ No |
| | ☐ Yes |
| 19. | Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture |
| | ☑ No |
| | Yes. Give specific information about them |
| 20. | Government and corporate bonds and other negotiable and non-negotiable instruments |
| | Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. |
| | ☑ No |
| | ☐ Yes. Give specific information about them |
| 21. | Retirement or pension accounts |
| | Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans |
| | ☑ No |
| | Yes. List each account separately. |
| 22. | Security deposits and prepayments |
| | Your share of all unused deposits you have made so that you may continue service or use from a company |
| | Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others |
| | ☑ No |
| | ☐ Yes |
| 23. | Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) |
| | ☑ No |
| | ☐ Yes |
| 24. | Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. |
| | 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). |
| | ☑ No |
| | ☐ Yes |
| 25. | Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit |
| | ☑ No |
| | Yes. Give specific |

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| 26. | Patents, copyrights, trademarks, trade secrets, and other intellectual property | |
|------|--|---|
| | Examples: Internet domain names, websites, proceeds from royalties and licensing agreements | |
| | ☑ No | |
| | Yes. Give specific information about them | |
| 27. | Licenses, franchises, and other general intangibles | |
| | Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses | |
| | ☑ No | |
| | Yes. Give specific information about them | |
| Mone | y or property owed to you? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refunds owed to you | |
| | ☑ No | |
| | Yes. Give specific information about them, including whether you already filed the returns and the tax years | |
| 29. | Family support | |
| | Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement | |
| | ☑ No | |
| | ☐ Yes. Give specific information | |
| 30. | Other amounts someone owes you | |
| | Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else | |
| | ☑ No | |
| | ☐ Yes. Give specific information | |
| 31. | Interests in insurance policies | |
| | Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance | |
| | ☑ No | |
| | ☐ Yes. Name the insurance company of each policy and list its value | |
| 32. | Any interest in property that is due you from someone who has died | |
| | If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. | |
| | ☑ No | |
| | ☐ Yes Give specific information | |

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| 33. | Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue | |
|-----|--|----------------------|
| | ✓ No ☐ Yes. Describe each claim | |
| 34. | Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims | |
| | ☑ No | |
| | Yes. Describe each claim | |
| 35. | Any financial assets you did not already list | |
| | ☑ No | |
| | ☐ Yes. Give specific information | |
| 36. | Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here | \$1,000.00 |
| Pa | Tt 5: Describe Any Business-Related Property You Own or Have an Interest In. List any rea | al estate in Part 1. |
| 37. | Do you own or have any legal or equitable interest in any business-related property? | |
| | ☑ No. Go to Part 6. | |
| | Yes. Go to line 38. | |
| 45. | Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here | \$0.00 |
| | To Fact 5. Write that humber here | |
| Pa | Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Ir If you own or have an interest in farmland, list it in Part 1. | nterest In. |
| 46. | Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? | |
| | ☑ No. Go to Part 7. | |
| | ☐ Yes. Go to line 47. | |
| 52. | Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here | \$0.00 |
| | | |
| Pai | rt 7: Describe All Property You Own or Have an Interest in That You Did Not List Above | |
| 53. | Do you have other property of any kind you did not already list? | |
| | Examples: Season tickets, country club membership | |
| | ☑ No | |
| | Yes. Give specific information | |
| 54. | Add the dollar value of all of your entries from Part 7. Write that number here | \$0.00 |
| Pa | rt 8: List the Totals of Each Part of this Form | |
| 55. | Part 1: Total real estate, line 2 | \$199,500.00 |

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| 56. | Part 2: Total vehicles, line 5 | | \$3,500.00 | | |
|-----|--|----|------------|------------------------------|--------------|
| 57. | Part 3: Total personal and household items, line 15 | | \$650.00 | | |
| 58. | Part 4: Total financial assets, line 36 | | \$1,000.00 | | |
| 59. | Part 5: Total business-related property, line 45 | | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 | +_ | \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | | \$5,150.00 | Copy personal property total | + \$5,150.00 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | | \$204,650.00 |

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| Fill in this inform | ill in this information to identify your case: | | | | | | | | | |
|---------------------|--|-------------|-----------|---|---|------------------------------------|--|--|--|--|
| Debtor 1 | Gerald | т. | Bernard | | | | | | | |
| | First Name | Middle Name | Last Name | | | | | | | |
| Debtor 2 | | | | | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | | | | | |
| United States E | United States Bankruptcy Court for the: District of New Jersey | | | | | | | | | |
| Case number | 24-19133 | | | _ | ſ | 7 a | | | | |
| (if known) | | | | | _ | Check if this is an amended filing | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| F | art 1: | Iden | tify the Property You | Claim as Exempt | | | | | | | |
|----|---|---|--|--|---|---|------------------------------------|--|--|--|--|
| 1. | ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) | | | | | | | | | | |
| | Brief description of the property and line on <i>Schedule A/B</i> that lists this property | | | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | | Specific laws that allow exemption | | | | |
| | Brief description | n: | 69 Dawson Dr Bridgeton, NJ 08302 | \$199,500.00 | ₫ | \$27,900.00 | 11 U.S.C. § 522(d)(1) | | | | |
| | Line from Schedule A | A/B: | 1.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | Brief description | n: | 2011 Chrysler 300C | \$3,500.00 | ⊴ | \$3,500.00 | 11 U.S.C. § 522(d)(2) | | | | |
| | Line from Schedule A | A/B: | 3.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| 3. | (Subject to No Yes. Di | Are you claiming a homestead exemption of more than \$189,050? (Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.) I No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? | | | | | | | | | |

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Debtor 1

Middle Name

First Name

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_ Case number (if known) 24-19133 T. Bernard Gerald

Last Name

| • | tion of the property and Current value of the | | Am | ount of the exemption you claim | Specific laws that allow exemption |
|----------------------------|---|-------------------------------------|----------|---|------------------------------------|
| line on Sched | ule A/B that lists this | portion you own | | eck only one box for each exemption. | |
| | | Copy the value from Schedule A/B | | | |
| Brief description: | Household goods | \$200.00 | a | \$200.00 | 11 U.S.C. § 522(d)(3) |
| Line from Schedule A/B: | 6 | | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | Electronics | \$300.00 | ⊴ | \$300.00 | 11 U.S.C. § 522(d)(3) |
| Line from Schedule A/B: | | | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | Clothes | \$50.00 | 4 | \$50.00 | 11 U.S.C. § 522(d)(3) |
| Line from Schedule A/B: | 11 | | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | Jewelry | \$100.00 | 4 | \$100.00 | 11 U.S.C. § 522(d)(4) |
| Line from Schedule A/B: | 12 | | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | Ocean First Bank | \$1,000.00 | | | |
| accomption. | Checking account | | | \$1,000.00 | 11 U.S.C. § 522(d)(5) |
| Line from Schedule A/B: | 17 | | | 100% of fair market value, up to any applicable statutory limit | |

Threshold 199,500 FMV 19,950 cos 132,000 mortg 47,550 d(1) -27,900

19,650 threshold, but only 1 GUC, ATLANTIC CITY FOR 1306

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| | | | Document | Page 10 of 3 | 8 | | |
|-------------------------|---|-----------------|---|-------------------------|--|--|-------------------|
| Fill in this inform | nation to identify your cas | e: | | | | | |
| Debtor 1 | Gerald | т. | Bernard | | | | |
| 200101 1 | | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | | |
| United States F | Bankruptcy Court for the: | District of N | ew Jersey | | | | |
| Office Otatoo L | Samuaptoy Count for the | Diotilot of 1 | ew dersey | | | | |
| Case number (known) | if 24-19133 | | | <u> </u> | | ☐ Check if | this is an |
| KIIOWII) | | | | | | amende | |
| Official Forr | m 106D | | | | | | |
| | | tore \//h | o Hayo C | Jaima Saa | urad by D | roporty | |
| Scriedu | le D: Credit | LOIS VVI | io nave C | iaims sec | ured by P | Toperty | 12/15 |
| more space is n | and accurate as possib eeded, copy the Additio | | | | | | |
| | number (if known). Jitors have claims secu | rad by your pre | norty? | | | | |
| _ | ck this box and submit thi | | | nedules. Vou have noth | ning else to report on t | this form | |
| | in all of the information be | | dit with your other sor | ledules. Tou have not | ing else to report on | inis ionn. | |
| Part 1: | List All Secured Clai | ms | | | | | |
| rait i: | List All Secured Clari | 1113 | | | | | |
| | cured claims. If a credito | | | | Column A | Column B | Column C |
| | for each claim. If more th Part 2. As much as poss | | • | | Amount of claim | Value of collateral that supports this | Unsecured portion |
| creditor's na | • | , | | | Do not deduct the value of collateral. | claim | If any |
| 2.1 Flagstar | /Lakeview Loan | Descri | be the property that | secures the claim: | unknown | \$0.00 | \$0.00 |
| Servicin | | 5000 | oo mo proporty mar | | unknown | Ψ0.00 | Ψ0.00 |
| Creditor's I | Name | | | | | | |
| c/o KML | . Law Group Attn: | | | | | | |
| Michael | T. McKeever, Esq. | | - · | claim is: Check all tha | t apply. | | |
| 701 Mar | ket St Ste 5000 | | ntingent | | | | |
| Number | Street | — ☐ Uni | iquidated | | | | |
| Philadel | phia, PA 19106 | | palea | | | | |
| City | State ZIP C | ode | | | | | |
| _ | s the debt? Check one. | | of lien. Check all that | | | | |
| ☑ Debtor | • | | | (such as mortgage or | secured car loan) | | |
| ☐ Debtor | • | | | lien, mechanic's lien) | | | |
| | r 1 and Debtor 2 only st one of the debtors and | | gment lien from a law er (including a right to | | | | |
| anothe | | offs | | | | | |
| | t if this claim relates to a | а | | | | | |
| Date debt | was incurred | Last 4 | digits of account nur | mber | | | |

Remarks: info only; Docket Number: SWCF006780-24

Add the dollar value of your entries in Column A on this page. Write that number here:

\$0.00

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Debtor 1 Gerald T. Bernard Case number (if known) 24-19133

First Name Middle Name Last Name

| Additional Page Part 1: After listing any entries on thi followed by 2.4, and so forth. | s page, number them beginning with 2.3, | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
|--|---|---|--|-----------------------------------|
| 2.2 Flagstar/Lakeview Loan Servicing | Describe the property that secures the claim: | \$132,000.00 | \$199,500.00 | \$0.00 |
| Creditor's Name | 69 Dawson Dr Bridgeton, NJ 08302 | | | |
| 4425 Ponce De Leon Blvd Mail Stop Ms5/251 Number Street Coral Gables, FL 33146 | As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed | t apply. | | |
| City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred | Nature of lien. Check all that apply. An agreement you made (such as mortgage or sometimes of statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number | secured car loan) | | |
| Remarks: mortgage on residence | | | | |
| Add the dollar value of your entries in 0 If this is the last page of your form, add Write that number here: | Column A on this page. Write that number here: the dollar value totals from all pages. | \$132,000.00 \$132,000.00 | | |

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| | | D | ocument | Page 12 of 38 | | |
|---------------------------------|---|--|---------------------|--|-------------------------|--------------------------------------|
| Fill in this inforn | nation to identify y | our case: | | | | |
| Debtor 1 | Gerald | т. | Bernard | | | |
| Debtor 1 | First Name | Middle Name | Last Name | | | |
| Dobtos 2 | | | | | | |
| Debtor 2 (Spouse, if filing) |) First Name | Middle Name | Last Name | | | |
| | | | | | | |
| United States | Bankruptcy Court | for the: District of New | Jersey | | | |
| Case number | 24-19133 | | | | | |
| (if known) | | | | _ | | ☐ Check if this is an amended filing |
| 000 : 15 | 4005/5 | | | | 4 | amondou ming |
| Official For | m 106E/F | | | | | |
| Schedu | ile E/F: C | Creditors Wh | no Have | Unsecured Cla | aims | 12/15 |
| | | | | IORITY claims and Part 2 for cre | | NODITY - Laine - Liet the |
| claims that are | listed in <i>Schedul</i> eries in the boxes | e D: Creditors Who Have | Claims Secured | ases (Official Form 106G). Do no by Property. If more space is no to this page. On the top of any a | eeded, copy the Par | t you need, fill it out, |
| Part 1: | List All of Your | PRIORITY Unsecured | d Claims | | | |
| 1. Do any cro No. Go Yes. | • | rity unsecured claims ag | ainst you? | | | |
| Part 2: | List All of Your | NONPRIORITY Unsec | cured Claims | | | |
| | | priority unsecured claims | | urt with your other schedules. | | |
| nonpriority included in | unsecured claim, | list the creditor separately an one creditor holds a par | for each claim. For | er of the creditor who holds eac or each claim listed, identify what t ne other creditors in Part 3.If you h | type of claim it is. Do | not list claims already |
| | | | | | | Total claim |
| 4.1 Atlantic | City Electric | | l ast 4 dia | its of account number | | \$1,300.00 |
| | y Creditor's Name | | | | | φ1,300.00 |
| P.O. Bo | • | | When was | the debt incurred? | | |
| Number | Street | | <u> </u> | | | |
| r (dillipor | Circoi | | As of the | date you file, the claim is: Check | k all that apply. | |
| \\/:!in | -to DE 400E0 | 7000 | Contin | gent | | |
| | gton, DE 19850- | | Unliqui | | | |
| City | Sta | | ode 🔲 Disput | ed | | |
| | urred the debt? C | heck one. | Type of No | ONPRIORITY unsecured claim: | | |
| ☑ Debto | • | | ☐ Studer | t loans | | |
| ☐ Debto | , | h - | ☐ Obliga | tions arising out of a separation ag | greement or divorce | that you did not report as |
| | or 1 and Debtor 2 of | , | | claims | | |
| - | st one of the debto | ors and another or a community debt | | to pension or profit-sharing plans, Specify Utilities | and other similar del | bts |
| | vialili 13 l | o, a community utbl | ™ Otner. | ODECHY UNITIES | | |

✓ No ☐ Yes

Is the claim subject to offset?

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Debtor 1 Gerald T. Bernard Case number (if known) 24-19133

Last Name

Middle Name

First Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim **Cooper University Hospital** Last 4 digits of account number unknown Nonpriority Creditor's Name When was the debt incurred? 1 Cooper Plz Number Street As of the date you file, the claim is: Check all that apply. Contingent Camden, NJ 08103-1461 ■ Unliquidated ZIP Code State Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: **☑** Debtor 1 only Student loans ☐ Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as ☐ Debtor 1 and Debtor 2 only priority claims ☐ At least one of the debtors and another ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt ☑ Other. Specify Medical Bill Is the claim subject to offset? **☑** No ☐ Yes Inspira Health Last 4 digits of account number \$200.00 Nonpriority Creditor's Name When was the debt incurred? PO Box 981028 Number Street As of the date you file, the claim is: Check all that apply. Contingent Boston, MA 02298 ■ Unliquidated ZIP Code City State Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: **☑** Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as ☐ Debtor 1 and Debtor 2 only priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt ☑ Other. Specify Medical Bill Is the claim subject to offset? **✓** No ☐ Yes

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Case number (if known) 24-19133

Debtor 1

Gerald T. Bernard
First Name Middle Name Last Name

Part 4: Add the Amounts for Each Type of Unsecured Claim Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim. **Total claim Total claims** 6a. **Domestic support obligations** 6a. \$0.00 from Part 1 6b. Taxes and certain other debts you owe the government 6b. \$0.00 Claims for death or personal injury while you were 6c. 6c. \$0.00 intoxicated Other. Add all other priority unsecured claims. 6d. 6d. \$0.00 Write that amount here. Total. Add lines 6a through 6d. 6e. \$0.00 **Total claim Total claims** 6f. Student loans 6f. \$0.00 from Part 2 6g. Obligations arising out of a separation agreement or 6g. \$0.00 divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other 6h. 6h. \$0.00 similar debts 6i. Other. Add all other nonpriority unsecured claims. 6i. \$1,500.00 Write that amount here. 6j. Total. Add lines 6f through 6i. 6j. \$1,500.00

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| Fill in this information | n to identify your case: | | | |
|--------------------------|--------------------------|-------------|----------------------|----|
| Debtor 1 | Gerald | Т. | Bernard | |
| | First Name | Middle Name | Last Name | _ |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States Bank | ruptcy Court for the: | | District of New Jers | ey |
| Case number (if known) | 24-19133 | <u> </u> | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☑ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or o | company with whor | n you ha | ve the contract or lease | State what the contract or lease is for |
|-----|-------------|-------------------|----------|--------------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.3 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.4 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | |

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| | | | 2000000 | T taxe. To or ou |
|---------------------|----------------------|--------------------------|-----------|------------------|
| Fill in this inform | ation to identify yo | our case: | | |
| Debtor 1 | Gerald | т. | Bernard | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | _ |
| United States E | Bankruptcy Court f | for the: District of Nev | v Jersey | |
| Case number | 24-19133 | | | _ |
| (if known) | | | | |
| 00000 | 40011 | | | |

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| know | n). Answer every qu | uestion. | | |
|------|---------------------|--|------------------------------------|---|
| 1. | | codebtors? (If you are filing a joint | case, do not list either spouse a | s a codebtor.) |
| | √ No | | | |
| | ☐ Yes | | | |
| 2. | | rears, have you lived in a commu ouisiana, Nevada, New Mexico, Pu | | ? (Community property states and territories include Arizona, nd Wisconsin.) |
| | ☑ No. Go to line 3 | 3. | | |
| | Yes. Did your s | pouse, former spouse, or legal equ | ivalent live with you at the time? | |
| | ☐ No | | | |
| | Yes. In which | ch community state or territory did y | ou live? | Fill in the name and current address of that person. |
| | Name of yo | our spouse, former spouse, or legal | equivalent | |
| | | , , , | <u> </u> | |
| | Number | Street | | |
| | City | State | ZIP Code | |
| | 2 again as a code | btor only if that person is a guara icial Form 106E/F), or Schedule (| antor or cosigner. Make sure y | r if your spouse is filing with you. List the person shown in line ou have listed the creditor on Schedule D (Official Form 106D), hedule D, Schedule E/F, or Schedule G to fill out Column 2. Column 2: The creditor to whom you owe the debt |
| | | | | Check all schedules that apply: |
| 3.1 | Name | | | Schedule D, line |
| | | | | ☐ Schedule E/F, line |
| | Number | Street | | · |
| | | | | ☐ Schedule G, line |
| | City | State | ZIP Co | de |
| 3.2 | | | | |
| | Name | | | ☐ Schedule D, line |
| | | | | Schedule E/F, line |
| | Number | Street | | ☐ Schedule G, line |
| | City | State | ZIP Co | de |
| | City | Olale | 211 00 | |

| Case | e 24-19133-A | | Filed 10/07/24 Ente Document Page 17 | ered 10/07/24 15:59:37 Desc Main of 38 |
|---|---|---|--|---|
| Fill in this information | n to identify your ca | ase: | | |
| Debtor 1 | Gerald | T. | Bernard | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | Charle if this is |
| (Spouse, if filing) | First Name | Middle Name | Last Name | Check if this is: ☐ An amended filing |
| United States Bank | ruptcy Court for th | e: | District of New Jersey | — A supplement showing postpetition |
| Case number (if known) | 24-19 | 133 | | chapter 13 income as of the following date: |
| | | | | |
| Official Form | | come | | 4045 |
| | | | | 12/15 |
| Be as complete and a information. If you ar spouse is not filing wadditional pages, wri | accurate as possible married and not with you, do not income. | ole. If two married pe filing jointly, and yo clude information at | our spouse is living with you, inclu | and Debtor 2), both are equally responsible for supplying correct de information about your spouse. If you are separated and your s needed, attach a separate sheet to this form. On the top of any |
| Be as complete and a information. If you ar spouse is not filing wadditional pages, wri | accurate as possite married and not with you, do not inducte your name and | ole. If two married pe filing jointly, and yo clude information at | our spouse is living with you, inclu bout your spouse. If more space is | and Debtor 2), both are equally responsible for supplying correct de information about your spouse. If you are separated and your |
| Be as complete and a information. If you ar spouse is not filing wadditional pages, wri Part 1: Describe 1. Fill in your emp | accurate as possite married and not vith you, do not incite your name and Employment loyment | ole. If two married pe filing jointly, and yo clude information at | pur spouse is living with you, inclusion tyour spouse. If more space is own). Answer every question. Debtor 1 | and Debtor 2), both are equally responsible for supplying correct de information about your spouse. If you are separated and your sneeded, attach a separate sheet to this form. On the top of any Debtor 2 or non-filing spouse |
| Be as complete and a information. If you ar spouse is not filing wadditional pages, write Part 1: Describe 1. Fill in your empinformation. | accurate as possite married and not vith you, do not incite your name and Employment loyment e than one job, the page with | ole. If two married pe filing jointly, and yo clude information at case number (if kno | pur spouse is living with you, inclusion tyour spouse. If more space is own). Answer every question. Debtor 1 | and Debtor 2), both are equally responsible for supplying correct de information about your spouse. If you are separated and your sneeded, attach a separate sheet to this form. On the top of any Debtor 2 or non-filing spouse |
| Be as complete and a information. If you ar spouse is not filing wadditional pages, write attach a separate information about employers. | accurate as possite married and not vith you, do not incite your name and Employment Employment ethan one job, the page with ut additional e, seasonal, or | ole. If two married pe filing jointly, and yo clude information at case number (if kno | Debtor 1 Employed Not Employed | and Debtor 2), both are equally responsible for supplying correct de information about your spouse. If you are separated and your sneeded, attach a separate sheet to this form. On the top of any Debtor 2 or non-filing spouse |
| Be as complete and a information. If you ar spouse is not filing wadditional pages, write attach a separation information above employers. | accurate as possite married and not vith you, do not incite your name and Employment Employment ethan one job, the page with ut additional e, seasonal, or | ole. If two married per filing jointly, and you clude information also case number (if known Employment statu Occupation | Debtor 1 Semployed Not Employed Surveys May Bernard Surveying | and Debtor 2), both are equally responsible for supplying correct de information about your spouse. If you are separated and your sneeded, attach a separate sheet to this form. On the top of any Debtor 2 or non-filing spouse |

Buena, NJ 08310 State Zip Code City State Zip Code City How long employed there? since 2/22 Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll \$2,598.00 \$0.00 deductions.) If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. \$0.00 \$0.00 4. Calculate gross income. Add line 2 + line 3. \$2,598.00 \$0.00

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Debtor 1 Gerald T. Bernard Case number (if known) 24-19133

Last Name

First Name

Middle Name

| | | | For Debtor 1 | For Debtor 2 or non-filing spouse | |
|-----|--|---------|--------------|-----------------------------------|-------------------------|
| | Copy line 4 here→ | 4. | \$2,598.00 | \$0.00 | |
| 5. | List all payroll deductions: | | | | |
| | 5a. Tax, Medicare, and Social Security deductions | 5a. | \$468.00 | \$0.00 | |
| | 5b. Mandatory contributions for retirement plans | 5b. | \$0.00 | \$0.00 | |
| | 5c. Voluntary contributions for retirement plans | 5c. | \$0.00 | \$0.00 | |
| | 5d. Required repayments of retirement fund loans | 5d. | \$0.00 | \$0.00 | |
| | 5e. Insurance | 5e. | \$0.00 | \$0.00 | |
| | 5f. Domestic support obligations | 5f. | \$0.00 | \$0.00 | |
| | 5g. Union dues | 5g. | \$0.00 | \$0.00 | |
| | 5h. Other deductions. Specify: | 5h. | + \$0.00 | +\$0.00 | |
| 6. | Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. | 6. | \$468.00 | \$0.00 | |
| 7. | Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$2,130.00 | \$0.00 | |
| 8. | List all other income regularly received: | | | | |
| | 8a. Net income from rental property and from operating a business, profession, or farm | | | | |
| | Attach a statement for each property and business showing gross | | | | |
| | receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$0.00 | \$0.00 | |
| | 8b. Interest and dividends | 8b. | \$0.00 | \$0.00 | |
| | 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive | | | | |
| | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$0.00 | \$0.00 | |
| | 8d. Unemployment compensation | 8d. | \$0.00 | \$0.00 | |
| | 8e. Social Security | 8e. | \$1,867.00 | \$0.00 | |
| | 8f. Other government assistance that you regularly receive | | | | |
| | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | | | | |
| | Specify: | 8f. | \$0.00 | \$0.00 | |
| | 8g. Pension or retirement income | 8g. | \$0.00 | \$0.00 | |
| | 8h. Other monthly income. Specify: | 8h. | + \$0.00 | + \$0.00 | |
| 9. | Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. | \$1,867.00 | \$0.00 | |
| 10. | Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse | 10. | \$3,997.00 | \$0.00 | \$3,997.00 |
| 11. | State all other regular contributions to the expenses that you list in Scheo | dule J. | | | |
| | Include contributions from an unmarried partner, members of your househol friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that a | | , ,, | , | |
| | Specify: | | | . 11. - | - \$0.00 |
| 12. | Add the amount in the last column of line 10 to the amount in line 11. The amount on the Summary of Your Assets and Liabilities and Certain Statistics | | , | come. Write that | \$3,997.00 |
| | | | | | Combined monthly income |
| 13. | Do you expect an increase or decrease within the year after you file this for | orm? | | | |
| | ✓ No. ☐ Yes. Explain: | | | | |

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| Fill in this information | to identify your case: | | | |
|---------------------------|------------------------|----------------|------------------------|---|
| Debtor 1 | Gerald First Name | T. Middle Name | Bernard Last Name | Check if this is: |
| Debtor 2 | First Name | Middle Name | Last Name | ☐ An amended filing |
| (Spouse, if filing) | First Name | Middle Name | Last Name | A supplement showing postpetition chapter 13 expenses as of the following date: |
| United States Bankr | ruptcy Court for the: | | District of New Jersey | MM / DD / YYYY |
| Case number (if known) | 24-19133 | <u> </u> | | IVIIVI DD / TTTT |

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Describe Your Household | d | | , | , |
|--|---|---|-----------------|---|
| 1. Is this a joint case? | | | | |
| No. Go to line 2. | | | | |
| Yes. Does Debtor 2 live in a sep | parate household? | | | |
| No | Official Form 106J-2, Expenses for | r Sanarata Household of Debtor 2 | | |
| 2. Do you have dependents? | ✓ No | Separate Household of Deptor 2. | | |
| Do not list Debtor 1 and Debtor 2. | Yes. Fill out this information for each dependent | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
| Do not state the dependents' names. | · | | | No. Yes. |
| | | | | . No. Yes. |
| | | | | . ☐ No. ☐ Yes. |
| | | | | . □No. □Yes. |
| | | | | No. Yes. |
| Do your expenses include expenses of people other than yourself and your dependents? | ☑ No □ Yes | | | |
| | | | | |
| Part 2: Estimate Your Ongoing N | Monthly Expenses | | | |
| Estimate your expenses as of your bar date after the bankruptcy is filed. If this | | | | |
| Include expenses paid for with non-casuch assistance and have included it of | | | You | ur expenses |
| The rental or home ownership exp for the ground or lot. | enses for your residence. Include f | first mortgage payments and any rent | 4 | \$1,394.00 |
| If not included in line 4: | | | | |
| 4a. Real estate taxes | | | 4a | \$0.00 |
| 4b. Property, homeowner's, or rent | ter's insurance | | 4b | \$0.00 |
| 4c. Home maintenance, repair, and | d upkeep expenses | | 4c | \$200.00 |
| 4d. Homeowner's association or co | ondominium dues | | 4d | \$0.00 |

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Debtor 1 Gerald T. Bernard Case number (if known) 24-19133

Last Name

First Name

Middle Name

| | Yo | our expenses |
|---|----------------|---------------|
| Additional mortgage payments for your residence, such as home equity loans | 5. <u> </u> | \$0.00 |
| Utilities: | | |
| 6a. Electricity, heat, natural gas | 6a | \$250.00 |
| 6b. Water, sewer, garbage collection | 6b | \$0.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c | \$180.00 |
| 6d. Other. Specify: cell phone | 6d. | \$137.00 |
| Food and housekeeping supplies | 7. | \$495.00 |
| Childcare and children's education costs | 8. | \$0.00 |
| Clothing, laundry, and dry cleaning | 9. | \$200.00 |
| Personal care products and services | 10. | \$50.00 |
| Medical and dental expenses | 11. | \$50.00 |
| Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | \$195.00 |
| Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$125.00 |
| Charitable contributions and religious donations | 14. | \$0.00 |
| Insurance. | | |
| Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a | \$0.00 |
| 15b. Health insurance | 15b | \$0.00 |
| 15c. Vehicle insurance | 15c | \$400.00 |
| 15d. Other insurance. Specify: | 15d | \$0.00 |
| Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | |
| Specify: | 16. | \$0.00 |
| Installment or lease payments: | | \$0.00 |
| 17a. Car payments for Vehicle 1 | 17a | \$0.00 |
| 17b. Car payments for Vehicle 2 | 17b | \$0.00 |
| 17c. Other. Specify: | 17c | \$0.00 |
| 17d. Other. Specify: | 17d | \$0.00 |
| Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | d 18 | \$0.00 |
| Other payments you make to support others who do not live with you. | | |
| Specify: | 19. | \$0.00 |
| Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You | | Aa == |
| 20a. Mortgages on other property | 20a | \$0.00 |
| 20b. Real estate taxes | 20b | \$0.00 |
| 20c. Property, homeowner's, or renter's insurance | 20c | \$0.00 |
| 20d. Maintenance, repair, and upkeep expenses | 20d | \$0.00 |
| 20e. Homeowner's association or condominium dues | 20e. | \$0.00 |

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Debtor 1 Gerald T. **Bernard** Case number (if known) 24-19133 First Name Middle Name Last Name 21. Other. Specify: 21. \$0.00 22. Calculate your monthly expenses. 22a. \$3,676.00 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22b. \$0.00 22c. Add line 22a and 22b. The result is your monthly expenses. 22c. \$3,676.00 23. Calculate your monthly net income. 23a. \$3,997.00 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. 23b. Copy your monthly expenses from line 22c above. \$3,676.00 23c. Subtract your monthly expenses from your monthly income. \$321.00 The result is your monthly net income. 23c. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? **✓** No. None Yes.

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| Fill in this information to identify your case: | | | | | |
|---|-----------------------|-------------|------------------------|---|--|
| Debtor 1 | Gerald | T. | Bernard | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | _ | |
| United States Bank | ruptcy Court for the: | | District of New Jersey | | |
| Case number (if known) | 24-19133 | | | | |
| () | | | | | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

| Your asset 1. Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$199,500.00 \$5,150.00 \$204,650.00 |
|---|--|
| 1. Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$199,500.00 \$5,150.00 |
| 1a. Copy line 55, Total real estate, from Schedule A/B | \$5,150.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$5,150.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B | |
| | \$204,650.00 |
| Part 2: Summariza Vaur Liabilities | |
| Junimanze Tour Liabilities | |
| Your liabil Amount yo | |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) | |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$132,000.00 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$0.00 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$1,500.00 |
| Your total liabilities | \$133,500.00 |
| Part 3: Summarize Your Income and Expenses | |
| 4. Schedule I: Your Income (Official Form 106I) | |
| Copy your combined monthly income from line 12 of Schedule I | \$3,997.00 |
| 5. Schedule J: Your Expenses (Official Form 106J) | |
| Copy your monthly expenses from line 22c of Schedule J | \$3,676.00 |

Check if this is an amended filing

12/15

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Debtor 1 Gerald T. Bernard Page 23 of 38

Case number (if known) 24-19133

Last Name

First Name

Middle Name

| Part 4: Answer These Questions for Administrative and Statistical Records | | |
|--|--------------------------------|------------|
| 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the second of the form. | ne court with your other sched | lules. |
| 7. What kind of debt do you have? ✓ Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 □ ✓ Your debts are not primarily consumer debts. You have nothing to report on this part of the for this form to the court with your other schedules. | J.S.C. § 159. | |
| 3. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Form 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. | Official | \$2,598.00 |
| 2. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: | Total claim | |
| 9a. Domestic support obligations (Copy line 6a.) | \$0.00 | |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$0.00 | |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$0.00 | |
| 9d. Student loans. (Copy line 6f.) | \$0.00 | |
| 9e.Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$0.00 | |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + \$0.00 | |
| 9g. Total . Add lines 9a through 9f. | \$0.00 | |

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| Fill in this information | to identify your case: | | | |
|---------------------------|------------------------|-------------|------------------------|--|
| Debtor 1 | Gerald | T. | Bernard | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States Bankı | ruptcy Court for the: | | District of New Jersey | |
| Case number (if known) | 24-19133 | 3 | | |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below | |
|--|---|
| | |
| Did you pay or agree to pay someone who is NOT an attorney to he | lp you fill out bankruptcy forms? |
| ☑ No | |
| Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| | |
| Under penalty of perjury, I declare that I have read the summary and | d schedules filed with this declaration and that they are true and correct. |
| | |
| Y //2 | |
| /s/ Gerald T. Bernard Gerald T. Bernard, Debtor 1 | |
| Corata ii Domaia, Dostoi i | |
| Date 10/07/2024 MM/ DD/ YYYY | |
| IVIIVI DD/ TTTT | |
| | |

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| Fill in this information | to identify your case: | | | |
|--------------------------|------------------------|-------------|------------------------|--|
| Debtor 1 | Gerald | T. | Bernard | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States Bankr | uptcy Court for the: | | District of New Jersey | |
| Case number (if known) | 24-19133 | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| 1. What is your current marital status? | | | | |
|--|---|---|--|-------------------------------------|
| ☐ Married | | | | |
| ✓ Not married | | | | |
| 2. During the last 3 years, have you lived an | nywhere other than where y | ou live now? | | |
| ☑ No | | | | |
| Yes. List all of the places you lived in the | ne last 3 years. Do not includ | le where you live now. | | |
| | | | | |
| 3. Within the last 8 years, did you ever live verritories include Arizona, California, Idaho, | | | | |
| ☑ No | , , | , , , | , | |
| Yes. Make sure you fill out Schedule H. | : Your Codebtors (Official Fo | orm 106H). | | |
| , | | / | | |
| | | | | |
| Part 2: Explain the Sources of Your I | Income | | | |
| Part 2: Explain the Sources of Your I | Income | | | |
| Did you have any income from employmer Fill in the total amount of income you receive | ent or from operating a bus | esses, including part-time a | ctivities. | ears? |
| 4. Did you have any income from employme Fill in the total amount of income you receive If you are filing a joint case and you have income the control of th | ent or from operating a bus | esses, including part-time a | ctivities. | ears? |
| 4. Did you have any income from employme Fill in the total amount of income you receive If you are filing a joint case and you have inco No | ent or from operating a bus | esses, including part-time a | ctivities. | ears? |
| 4. Did you have any income from employme Fill in the total amount of income you receive If you are filing a joint case and you have income the contract of the | ent or from operating a bus | esses, including part-time a | ctivities. | ears? |
| 4. Did you have any income from employme Fill in the total amount of income you receive If you are filing a joint case and you have inco No | ent or from operating a bus | esses, including part-time a | ctivities. | ears? |
| 4. Did you have any income from employme Fill in the total amount of income you receive If you are filing a joint case and you have income No | ent or from operating a bus d from all jobs and all busin ome that you receive togeth | esses, including part-time a | activities. ebtor 1. | ears? Gross Income |
| 4. Did you have any income from employme Fill in the total amount of income you receive If you are filing a joint case and you have income No | ent or from operating a bus d from all jobs and all busing ome that you receive togeth Debtor 1 | esses, including part-time a er, list it only once under De | Debtor 2 | |
| 4. Did you have any income from employme Fill in the total amount of income you receive If you are filing a joint case and you have incomed in No ✓ Yes. Fill in the details. | ent or from operating a bused from all jobs and all busing ome that you receive togeth Debtor 1 Sources of income Check all that apply. | esses, including part-time a er, list it only once under De Gross Income (before deductions and | Debtor 2 Sources of income Check all that apply. | Gross Income (before deductions and |
| 4. Did you have any income from employme Fill in the total amount of income you receive If you are filing a joint case and you have inco No | ent or from operating a bus ed from all jobs and all busin ome that you receive togeth Debtor 1 Sources of income | esses, including part-time a er, list it only once under De Gross Income (before deductions and | Debtor 2 Sources of income | Gross Income (before deductions and |

| ebtor 1 | | 00 7 (D) (| Doc 11 Filed 10 Documen | | 10/07/24 15:59:37 } | 7 Desc Main |
|---|--|--|---|--|---|--|
| epior i | Gerald | T. | Bernard | · · | Case number (if kno | own) 24-19133 |
| | First Name | Middle Na | ame Last Name | | | |
| | calendar year: 1 to December 31, | 2023 \ | Wages, commissions, bonuses, tips | to be provided | ☐ Wages, commissions bonuses, tips | , |
| (January | T to December 31, | YYYY | Operating a business | | Operating a business | |
| For the c | alendar year before | that: | Wages, commissions, bonuses, tips | to be provided | ☐ Wages, commissions bonuses, tips | ·, |
| (January | 1 to December 31, | <u>2022</u>) YYYY | Operating a business | | Operating a business | |
| Include inco public bene filing a joint No | ome regardless of w fit payments; pensic case and you have | hether that incoms; rental inc | | of other income are alimony oney collected from lawsuits | | curity, unemployment, and othe and lottery winnings. If you are |
| √ Yes. F | Fill in the details. | | Deliterat | | Dalitar 0 | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Describe below. | Gross income from each source | Sources of income Describe below. | Gross Income from each source |
| | | | Doodings Solow. | (before deductions and exclusions) | Doddiso Bolow. | (before deductions and exclusions) |
| | nuary 1 of current yo filed for bankruptcy | | Soc Sec (see Sch | | | |
| For last c | alendar year: | | Soc Sec | 1813/mo | | |
| | 1 to December 31, | <u>2023</u>) | | | | |
| | alendar year before | that: | to be provided | | | |
| For the c | | 2022 | | | | |
| | 1 to December 31, | YYYY | | | | |
| | 1 to December 31, | YYYY | | | | |
| (January | - | YYYY ents You M | ade Before You Filed f | or Bankruptcy | | |
| (January Part 3: Lis | st Certain Paymo | | ade Before You Filed for | or Bankruptcy | | |
| (January | st Certain Paymor or Debtor 1's or Debt Neither Debtor 1 n | tor 2's debts p | orimarily consumer debts? | ots. Consumer debts are de | fined in 11 U.S.C. § 101(8) | as "incurred by |
| (January art 3: Lis | st Certain Paymor or Debtor 1's or Debt Neither Debtor 1 n an individual prima | tor 2's debts por Debtor 2 hor ly for a personal trilly for a pers | orimarily consumer debts? as primarily consumer debonal, family, or household po | ots. Consumer debts are de | | as "incurred by |
| (January Part 3: Lis | st Certain Paymor or Debtor 1's or Debt Neither Debtor 1 n an individual prima | or 2's debts por Debtor 2 hor light for a person before you file | orimarily consumer debts? as primarily consumer debonal, family, or household po | ots. Consumer debts are de urpose." | | as "incurred by |
| (January Part 3: Lis | st Certain Payme T Debtor 1's or Debt Neither Debtor 1 n an individual prima During the 90 days No. Go to line 7 Yes. List below paid that | or 2's debts por Debtor 2 h rily for a person before you file. w each creditor. Do received to creditor. | orimarily consumer debts? as primarily consumer debonal, family, or household properties of the bankruptcy, did you properto whom you paid a total not include payments for do | ots. Consumer debts are desurpose." Doay any creditor a total of \$7 of \$7,575* or more in one of mestic support obligations, | r,575* or more? | otal amount you |
| (January Part 3: Lis | st Certain Paymont of Debtor 1's or Debtor 1 not an individual prima During the 90 days No. Go to line 7 Yes. List below paid that not include | or 2's debts por Debtor 2 herily for a person before you file. we each creditor creditors or de payments for a person control to the control to the payments of the control to the contro | orimarily consumer debts? as primarily consumer debts as primarily consumer debts and, family, or household pount ed for bankruptcy, did you per or to whom you paid a total not include payments for do to an attorney for this bankr | ots. Consumer debts are desurpose." Doay any creditor a total of \$7 of \$7,575* or more in one of mestic support obligations, | r more payments and the such as child support and | otal amount you |
| (January Part 3: Lis 6. Are eithe | st Certain Paymont of Debtor 1's or Debtor 1 not an individual prima During the 90 days No. Go to line 7 Yes. List below paid that not include | or 2's debts por Debtor 2 herily for a person before you file. we each creditor creditors or de payments for a person control to the control to the payments of the control to the contro | orimarily consumer debts? as primarily consumer debts as primarily consumer debts and, family, or household pount ed for bankruptcy, did you per or to whom you paid a total not include payments for do to an attorney for this bankr | ots. Consumer debts are desurpose." pay any creditor a total of \$7 of \$7,575* or more in one of mestic support obligations, support occurrences. | r more payments and the such as child support and | otal amount you |
| (January Part 3: Lis | st Certain Paymont of Debtor 1's or Debtor 1 not an individual prima During the 90 days No. Go to line 7 Yes. List below paid that not include | or 2's debts por Debtor 2 herily for a person before you file. we each creditor creditors or de payments for a person control to the control to the payments of the control to the contro | orimarily consumer debts? as primarily consumer debts as primarily consumer debts and, family, or household pount ed for bankruptcy, did you per or to whom you paid a total not include payments for do to an attorney for this bankr | ots. Consumer debts are desurpose." pay any creditor a total of \$7 of \$7,575* or more in one of mestic support obligations, support occurrences. | r more payments and the such as child support and | otal amount you |

| | Case 24-19: | 133-ABA Doc | : 11 Filed 10/0 Document | 7/24 Ente Page 27 (| red 10/07/24 15:59:37 of 38 | Desc Main |
|-------------------------------|---|--|---|--|--|----------------------------|
| Debtor 1 | Gerald | т. | Bernard | . ago 21 (| Case number (if knowr | 24-19133 |
| | First Name | Middle Name | Last Name | | | |
| √ Yes. | Debtor 1 or Debto | or 2 or both have prim | arily consumer debts. | | | |
| | During the 90 day | s before you filed for b | ankruptcy, did you pay a | any creditor a tota | al of \$600 or more? | |
| | ☑ No. Go to line | 7. | | | | |
| | include | | c support obligations, su | | the total amount you paid that credi ort and alimony. Also, do not include | |
| <i>Insiders</i> in you are an | clude your relatives officer, director, pe | ; any general partners; rson in control, or own | relatives of any general er of 20% or more of the | I partners; partne eir voting securitie | ed anyone who was an insider? rships of which you are a general pass; and any managing agent, includions, such as child support and alimo | ng one for a business you |
| √ No | | | | | | |
| ☐ Yes. | List all payments to | an insider. | | | | |
| | | | | | | |
| | | ed for bankruptcy, did aranteed or cosigned l | | nts or transfer an | y property on account of a debt th | at benefited an insider? |
| √ No | | | | | | |
| ☐ Yes. | List all payments that | at benefited an insider. | | | | |
| | | | | | | |
| Part 4: Id | dontify Logol Ao | tions Donoscossis | ons, and Foreclosur | | | |
| Part 4. | dentily Legal Ac | tions, Repossessic | oris, and rorectosur | | | |
| | h matters, including | | | | on, or administrative proceeding? In suits, paternity actions, support or | custody modifications, and |
| √ No | | | | | | |
| Yes. | Fill in the details. | | | | | |
| | | | | | | |
| | 1 year before you that apply and fill in | | as any of your property | repossessed, fo | preclosed, garnished, attached, sei | zed, or levied? |
| ☑ No. 0 | So to line 11. | | | | | |
| ☐ Yes. | Fill in the informatio | n below. | | | | |
| _ | | | | | | |
| | | ı filed for bankruptcy, cause you owed a del | | ing a bank or fina | ancial institution, set off any amou | nts from your accounts or |
| √ No | | - | | | | |
| ☐ Yes. | Fill in the details. | | | | | |
| | i iii iii are detaile. | | | | | |
| | | iled for bankruptcy, w an, or another official | | in the possessi | on of an assignee for the benefit o | f creditors, a court- |
| ✓ No | | | | | | |
| Yes | | | | | | |
| 162 | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Case 24-19133-ABA Doc 11 Filed 10/07/24 Entered 10/07/24 15:59:37 Desc Main Page 28 of 38 Document Debtor 1 Gerald T. **Bernard** Case number (if known) 24-19133 First Name Last Name Middle Name List Certain Gifts and Contributions Part 5: 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? **✓** No Yes. Fill in the details for each gift. 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? **✓** No Yes. Fill in the details for each gift or contribution. List Certain Losses Part 6: 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? **✓** No ☐ Yes. Fill in the details. List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. □No Yes. Fill in the details. Description and value of any property transferred Date payment or Amount of payment transfer was made **Jenkins Law Group** Person Who Was Paid Attorney's Fee 7/24 \$1,385.00 412 S. Whitehorse Pike Street Number Audubon, NJ 08106 ZIP Code Fmail or website address Person Who Made the Payment, if Not You

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Case number (if known) 24-19133

Bernard

| | le Name | Last Name | | | | |
|--|---|--|---|-------------------|--|--|
| A | Description a | and value of a | any property trans | ferred | Date payment or | Amount of payment |
| Credit, Allen Person Who Was Paid | aradit aaun | a a line | | | transfer was made | |
| | credit coun | seiing | | | 7/24 | \$25.00 |
| 800 Dakota Ave. | _ | | | | ., | |
| Number Street | | | | | | |
| OD 57050 | | | | | | |
| Huron, SD 57350 City State ZIP Code | - | | | | | |
| State Zii Gode | | | | | | |
| Email or website address | | | | | | |
| Person Who Made the Payment, if Not You | | | | | | |
| ☑ No ☐ Yes. Fill in the details. | | | | | | |
| 8. Within 2 years before you filed for bardinary course of your business or financial both outright transfers and transfer on the include gifts and transfers that you No | ancial affairs? ers made as sec | urity (such as | s the granting of a | | | |
| | | | | | | |
| Yes. Fill in the details. | | | | | | |
| | | | | | | |
| | | you transfer | any property to a | self-settled trus | st or similar device of | which you are a beneficiary? |
| | | you transfer | any property to a | self-settled trus | st or similar device of | which you are a beneficiary? |
| hese are often called asset-protection | | you transfer | any property to a | self-settled tru | st or similar device of | which you are a beneficiary? |
| Yes. Fill in the details. | devices.) | | | | | which you are a beneficiary? |
| These are often called asset-protection of Mo | devices.) | | | | | which you are a beneficiary? |
| These are often called asset-protection of No Yes. Fill in the details. The second of the second o | ounts, Instru | ments, Safo | e Deposit Boxe | s, and Stora | ge Units | |
| hese are often called asset-protection of No No Yes. Fill in the details. It 8: List Certain Financial Acc Within 1 year before you filed for bar transferred? clude checking, savings, money market | ounts, Instrunkruptcy, were a | ments, Safo | e Deposit Boxe accounts or instr | s, and Stora | ge Units your name, or for you | r benefit, closed, sold, move |
| hese are often called asset-protection of No No Yes. Fill in the details. It 8: List Certain Financial Acco. Within 1 year before you filed for bar transferred? Clude checking, savings, money market ands, cooperatives, associations, and other services. | ounts, Instrunkruptcy, were a | ments, Safo | e Deposit Boxe accounts or instr | s, and Stora | ge Units your name, or for you | r benefit, closed, sold, move |
| These are often called asset-protection of No Yes. Fill in the details. Int 8: List Certain Financial Acc O. Within 1 year before you filed for bar transferred? clude checking, savings, money market | ounts, Instrunkruptcy, were a | ments, Safo | e Deposit Boxe accounts or instr | s, and Stora | ge Units your name, or for you | r benefit, closed, sold, move |
| These are often called asset-protection of No Yes. Fill in the details. The second of the control of the cont | ounts, Instru nkruptcy, were a t, or other financ her financial inst | ments, Safe any financial a ial accounts; itutions. | e Deposit Boxe accounts or instrucertificates of dep | s, and Stora | ge Units your name, or for you anks, credit unions, bi | r benefit, closed, sold, move okerage houses, pension |
| These are often called asset-protection of No Yes. Fill in the details. Int 8: List Certain Financial According to the Company of the Compa | ounts, Instru nkruptcy, were a t, or other financ her financial inst | ments, Safe any financial a ial accounts; itutions. | e Deposit Boxe accounts or instrucertificates of dep | s, and Stora | ge Units your name, or for you anks, credit unions, bi | r benefit, closed, sold, move okerage houses, pension |

Debtor 1

Gerald

T.

| | Case 24-1913 | 33-ABA Do | c 11 Filed 10/07 Document | 7/24 Entered 10/07/24 15:59:37 Desc Main Page 30 of 38 |
|---------------|---|-----------------------|------------------------------|--|
| ebtor 1 | Gerald | Т. | Bernard | Case number (if known) 24-19133 |
| | First Name | Middle Name | Last Name | |
| | | | | |
| 22. Have y | ou stored property ir | n a storage unit or p | place other than your hom | ne within 1 year before you filed for bankruptcy? |
| √ No | | | | |
| Yes. | Fill in the details. | | | |
| | | | | |
| Part 9: Id | dentify Property Y | 'ou Hold or Cont | rol for Someone Else | |
| | | | | |
| | hold or control any | property that some | one else owns? Include a | any property you borrowed from, are storing for, or hold in trust for someone. |
| √ No | | | | |
| Yes. | Fill in the details. | | | |
| | | | | |
| Part 10: | Give Details Abou | ıt Environmenta | I Information | |
| | | | | |
| - | rpose of Part 10, the | _ | | |
| | | | | concerning pollution, contamination, releases of hazardous or toxic undwater, or other medium, including statutes or regulations controlling the |
| | ip of these substance | · | | |
| | eans any location, fac ze it, including dispos | | defined under any environ | nmental law, whether you now own, operate, or utilize it or used to own, operate, |
| | dous material means int, contaminant, or si | | mental law defines as a ha | azardous waste, hazardous substance, toxic substance, hazardous material, |
| | | | you know about, regardle | ess of when they occurred. |
| 24. Has an | y governmental unit | notified you that yo | ou may be liable or potent | tially liable under or in violation of an environmental law? |
| √ No | | | | |
| ☐Yes. | Fill in the details. | | | |
| | | | | |
| 25. Have v | ou notified any gove | rnmental unit of an | y release of hazardous ma | aterial? |
| √ No | , , | | | |
| | Fill in the details. | | | |
| — 103. | ill ill the details. | | | |
| 26. Have v | ou been a party in an | ny judicial or admin | istrative proceeding unde | er any environmental law? Include settlements and orders. |
| √ iNo | , | ., , | р | |
| | Fill in the details. | | | |
| — 163. | ill ill the details. | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Nahitan 4 | Case 24-1913 | | Document | 7/24 Ente Page 31 c | | |
|--------------------|--|--------------------------|-----------------------------|------------------------|---|-----------------------------|
| Debtor 1 | Gerald First Name | T. Middle Name | Bernard Last Name | | Case number (if known | 24-19133 |
| Part 11: | Give Details About | | | ny Business | | |
| 27. Within | 4 years before you file | ed for bankruptcy, di | d you own a business | or have any of th | ne following connections to any bu | usiness? |
| | A sole proprietor or self | -employed in a trade | , profession, or other a | ctivity, either full-t | time or part-time | |
| | A member of a limited li | ability company (LLC | c) or limited liability par | tnership (LLP) | | |
| | A partner in a partnersh | nip | | | | |
| | An officer, director, or m | nanaging executive o | f a corporation | | | |
| | An owner of at least 5% | of the voting or equi | ty securities of a corpo | oration | | |
| √ No. № | None of the above appli | es. Go to Part 12. | | | | |
| Yes. | Check all that apply ab | ove and fill in the deta | ails below for each bus | siness. | | |
| creditors, √ No | 2 years before you file or other parties. Fill in the details below. | , , | d you give a financial | statement to any | one about your business? Include | all financial institutions, |
| Part 12: | Sign Below | | | | | |
| and corre | ct. I understand that m | aking a false statem | ent, concealing prope | rty, or obtaining i | leclare under penalty of perjury that money or property by fraud in con poth. 18 U.S.C. §§ 152, 1341, 1519, | nection with a |
| Sigr | Gerald T. Bernard nature of Gerald T. Bern e 10/07/2024 | nard, Debtor 1 | | | | |
| Did you at | tach additional pages | to your Statement of | f Financial Affairs for l | Individuals Filing | r for Bankruptcy (Official Form 107 |)? |
| Did you pa | ay or agree to pay som | eone who is not an | attorney to help you fi | II out bankruptcy | forms? | |
| √ No | | | | | | |
| ☐ Yes. | Name of person | | | | Attach the Bankruptcy Petition Declaration, and Signature (Of | |

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| Fill in this information to identify your case: | | | | | | | |
|---|----------------------------|-------------|------------------------|--|--|--|--|
| Debtor 1 | Gerald | т. | Bernard | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | | |
| United States Bankro | uptcy Court for the: | | District of New Jersey | | | | |
| Case number (if known) | ase number 24-19133 | | | | | | |

| Check as directed in lines 17 and 21: |
|--|
| According to the calculations required by this Statement: |
| 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). |
| 3. The commitment period is 3 years. 4. The commitment period is 5 years. |
| ☐ Check if this is an amended filing |

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

| Ра | rt 1: Calculate Your Average Monthly Income | | | | | | |
|---|---|--------------------|--------------------|----------------|-------------------|---|--|
| 1. | 1. What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. Married. Fill out both Columns A and B, lines 2-11. | | | | | | |
| Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case.11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. | | | | | | | |
| | | | | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | |
| 2. | Your gross wages, salary, tips, bonuses, overtime, and copayroll deductions). | ommissions (befo | ore all | | \$2,598.00 | | |
| 3. | Alimony and maintenance payments. Do not include paym | ents from a spou | ise. | | \$0.00 | | |
| 4. | All amounts from any source which are regularly paid for your dependents, including child support. Include regular unmarried partner, members of your household, your dependent roommates. Do not include payments from a spouse. Do not on line 3. | contributions from | m an and | r | \$0.00 | | |
| 5. | Net income from operating a business, profession, or farm | | | | | | |
| | Gross receipts (before all deductions) | Debtor 1 \$0.00 | Debtor 2 \$0.00 | | | | |
| | Ordinary and necessary operating expenses | \$0.00 - | \$0.00 | | | | |
| | Net monthly income from a business, profession, or farm | \$0.00 | 7 | Copy here – | \$0.0 <u>0</u> | | |
| 6. | Net income from rental and other real property | Debtor 1 | Debtor 2 | | | | |
| | Gross receipts (before all deductions) | \$0.00 | \$0.00 | | | | |
| | Ordinary and necessary operating expenses | \$0.00 | \$0.00 | | | | |
| | Net monthly income from rental or other real property | \$0.00 | 40.00 | Copy here – | \$ 0.00 | | |

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Debtor 1 Gerald **Bernard** Case number (if known) 24-19133 First Name Middle Name Last Name Column A Column B Debtor 1 Debtor 2 or non-filing spouse 7. Interest, dividends, and royalties \$0.00 8. Unemployment compensation \$0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you..... \$0.00 For your spouse..... 9. Pension or retirement income. Do not include any amount received that was a benefit \$0.00 under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. Total amounts from separate pages, if any. \$2,598.00 \$2,598.00 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Total average monthly income Determine How to Measure Your Deductions from Income 12. Copy your total average monthly income from line 11. \$2,598.00 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. \$0.00 \$0.00 Copy here. -Total..... 14. Your current monthly income. Subtract the total in line 13 from line 12. \$2,598.00

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| Debtor 1 | Gerald | T. | Bernard | Case number (if known) | 24-19133 |
|------------------------|---|---|------------------------------|--|--------------------|
| | First Name | Middle Name | Last Name | | |
| 15. Calculat | e your current mon | thly income for the yea | ar. Follow these ste | ps: | |
| 15a. Co | ppy line 14 here →. | | | | \$2,598.00 |
| Mu | Itiply line 15a by 12 | (the number of months | in a year). | | x 12 |
| 15b. Th | e result is vour curre | ent monthly income for | the year for this pa | rt of the form | \$31,176.00 |
| | | | | | |
| | e the median family I in the state in whicl | income that applies to | b you. Follow these | New Jersey | |
| | | eople in your household | J | | |
| IOD. FII | in the number of pe | eople in your nousenoid | ı. | 1 | |
| 16c. Fil | I in the median famil | y income for your state | and size of househ | nold | \$83,102.00 |
| | | ole median income amo n. This list may also be | | ng the link specified in the separate kruptcy clerk's office. | |
| 17. How do | the lines compare? | | | | |
| 17a. 🖢 | Line 15b is less t | han or equal to line 16d | c. On the top of pag | e 1 of this form, check box 1, Disposable income is not de | etermined under 11 |
| _ | U.S.C. § 1325(b) | (3). Go to Part 3. Do N | OT fill out <i>Calculati</i> | on of Your Disposable Income (Official Form 122C-2). | |
| 17b. ┕ | 1325(b)(3). Go to | | culation of Your Di | form, check box 2, Disposable income is determined undesposable Income (Official Form 122C-2). On line 39 of the | |
| Part 3: Cal | culate Your Com | nmitment Period Ur | nder 11 U.S.C. § | 1325(b)(4) | |
| 18. Copy vo | ur total average mo | onthly income from line | e 11 | | \$0.500.00 |
| | _ | | | | \$2,598.00 |
| calculatii amount f | ng the commitment p from line 13. | period under 11 U.S.C. | § 1325(b)(4) allows | souse is not filing with you, and you contend that sout to deduct part of your spouse's income, copy the | |
| 19a. If the | e marital adjustment | does not apply, fill in 0 | on line 19a | | \$0.00 |
| 19b. Sub t | tract line 19a from li | ne 18. | | | \$2,598.00 |
| 20. Calculat | e your current mon | thly income for the yea | ar. Follow these ste | ps. | |
| 20a. Copy | line 19b | | | | \$2,598.00 |
| | | er of months in a year). | | | x 12 |
| 20b. The re | esult is your current | monthly income for the | year for this part o | f the form. | \$31,176.00 |
| 20c. Copy | the median family in | come for your state an | d size of household | I from line 16c | \$83,102.00 |
| 21. How do | the lines compare? | | | | |
| ☑ Line 2 | Ob is less than line 2 | | ordered by the court | , on the top of page 1 of this form, check box 3, | |
| Line 2 | 0b is more than or e | - | | by the court, on the top of page 1 of this form, | |
| Part 4: Sig | n Below | | | | |
| By signing | g here, under penalt | y of perjury I declare th | at the information o | on this statement and in any attachments is true and correct | ct. |
| X <u>/</u> | s/ Gerald T. Bern | ard | | | |
| Si | gnature of Debtor 1 | | | | |
| Dε | ate 10/07/2024 | | | | |
| De | MM/ DD/ YYYY | | | | |
| | | | | | |
| • | · | ill out or file Form 1220 | | and a fittee that the second s | Para A A a b |
| if you che | eckea 1/b, till out Fo | rm 1220–2 and file it w | vitri this form. On lin | e 39 of that form, copy your current monthly income from | iine 14 above. |

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IN THE UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY CAMDEN DIVISION

IN RE: Bernard, Gerald T. CASE NO 24-19133

CHAPTER 13

VERIFICATION OF CREDITOR MATRIX

| The above named Debtor | harahy varifies that the | attached list of creditors is to | rue and correct to the he | set of his/har knowladga |
|------------------------|--------------------------|----------------------------------|---------------------------|--------------------------|
| | | | | |

Date 10/07/2024 Signature /s/ Gerald T. Bernard

Gerald T. Bernard, Debtor

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| UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY | |
|---|---|
| Caption in Compliance with D.N.J. LBR 9004-1(b) JENKINS LAW GROUP | |
| 412 S. Whitehorse Pike | |
| Audubon, NJ 08106 | |
| Phone: (856) 546-9696 | |
| Email: mail@jjenkinslawgroup.com | |
| Attorney for Debtor | |
| In Re: | Case No.: 24-19133 |
| Bernard, Gerald T. | Chapter: 13 |
| | Judge: |
| | 016(b), I certify that I am the attorney for the debtor(s) and that compensation i, or agreed to be paid to me, for services rendered or to be rendered on behalf ws: |
| ☑ Under D.N.J. LBR 2016-5(b), I have agreed to acc | ot for all legal services required to confirm a plan, subject to the exclusions |
| listed below, including administrative services that may | |
| | vices were unforeseeable at the time of the filing of this disclosure if I seek |
| additional compensation and reimbursement of neces | ary expenses. |
| Legal services on behalf of the debtor in connection w | n the following are not included in the flat fee: |
| Representation of the debtor in: | |
| adversary proceedings, | |
| loss mitigation/loan modification efforts, | |
| post-confirmation filings and matters brou | nt before the Court. |
| I have received: | \$1,385.00 |
| The balance due is: | \$3,365.00 |
| The balance $\mathbf{\Delta}$ will $\mathbf{\Box}$ will not be paid throu | h the plan. |

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| | Under D.N.J. | | nourly fee charged by other m | egal services provided on behalf of the debtor in this case, an hor embers of my firm that may provide services to this client range to and that I must receive the Court's approval of any fees or expense | from |
|---------|----------------------|------------------|---------------------------------|---|-----------|
| | paid to me in this | | ion pursuant to D.N.J. LBR 20 | | 23 10 00 |
| | I have re | eceived: | | | |
| 2. | The source of the | funds paid to r | me was: | | |
| | ☑ Debtor(s) | ☐ Other (| specify below) | | |
| | | | | | |
| 3. | If a balance is du | e, the source of | future compensation to be pa | aid to me is: | |
| | ☑ Debtor(s) | Other (| specify below) | | |
| | | | | | |
| _ | | ion with a pers | • | another person(s) unless they are members of my law firm. If I ham my law firm, a copy of that agreement and a list of the people sh | |
| | If possible, Debtor' | s counsel will a | dvise Debtor(s) of the use of o | hearings on their behalf in lieu of counsel retained by Debtor(s) coverage counsel for any hearings prior to that hearing. Debtor(s) and may or may not be compensated for their appearance. | |
| | | | /s/ GB | | |
| | | | Debtor(s) Initials | Debtor(s) Initials | |
| as need | | _ | = | appear at hearings on their behalf in lieu of counsel retained by Es by me, the undersigned attorney, or members of my law firm. |)ebtor(s) |
| | | | Debtor(s) Initials | Debtor(s) Initials | |

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| Date: | 10/07/2024 | /s/ Gerald T. Bernard |
|-------|------------|-----------------------|
| | | Debtor |
| Date: | | |
| | | Joint Debtor |
| Date: | 10/07/2024 | /s/ Jeffrey Jenkins |
| | | Debtor's attorney |

6.

The Debtor(s) have reviewed this Disclosure and it is consistent with the terms of the Retainer Agreement.